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FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02847

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02820

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural) Crisfield		c. LENGTH OF STAY IN 1b Lifetime	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			
3. NAME OF DECEASED (Type or print) ELBERT		First	Middle
			Last
		BRITTINGHAM	
4. DATE OF DEATH Feb. 5 1966		Month	Day
5. SEX Male		6. COLOR OR RACE Negro	7. MARRIED WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>
		8. DATE OF BIRTH Apr. 10, 1889	9. AGE (in years last birthday) 66 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Seafood	11. BIRTHPLACE (State or foreign country) Crisfield, Maryland
13. FATHER'S NAME Joseph E. Brittingham		14. MOTHER'S MAIDEN NAME Lillie Stephens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 1918 - 1919 218-20-6562-A	17. INFORMANT Leon Hall
		Address Crisfield, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
5271 Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last. (b) Emphysema, chronic (c)		Years	
DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE C. G. Rawley, M. D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type)		M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
Address (Street, city, town, or county) Crisfield, Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Feb. 9, 1966	23c. NAME OF CEMETERY OR CREMATORIUM Asbury Cemetery
24. FUNERAL DIRECTOR Anthony E. Ward		23d. LOCATION (City, town or county) Crisfield Som., Md.	
AOORESS Crisfield, Md.		25a. REC'D BY REGISTRAR FEB 10 1966	25b. REGISTRAR'S SIGNATURE Charles Judge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
02848					CERTIFICATE OF DEATH						
1. PLACE OF DEATH a. COUNTY Somerset					2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne					b. COUNTY Somerset						
c. LENGTH OF STAY IN lb 37 Years					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRESS						
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
3. NAME OF DECEASED (Type or print)		First Willie	Middle	Last Charles	4. DATE OF DEATH 2	Month I	Day 15	Year 1966			
5. SEX Male		6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 6/1/04	9. AGE (In years last birthday) 61	10. UNDER 1 YEAR Months yrs.	11. UNDER 24 HRS Days Months Days Hours Min.	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor			10b. KIND OF BUSINESS OR INDUSTRY Work For City			11. BIRTHPLACE (County & State, or foreign country) North Carolina			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Willie Charles Sr					14. MOTHER'S MAIDEN NAME						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT Tea Boomer, Princess Anne, Maryland			Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION 4201 Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) DUE TO ATHEROSCLEROTIC C.V.B. (c)										INTERVAL BETWEEN ONSET AND DEATH X 10 MIN	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PROBABLE LAENNECS CIRRHOSIS										? YEARS	
20a. ACCIDENT WAS UNDERRYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			20f. (City or town) (County) (State)					
21. I certify that (I) (this hospital) attended the deceased from 10 AM 2-14, 1966 , to 2:25 AM 2-15, 1966 , that (I) (we) last saw the deceased alive on 2-14 1966 , and that death occurred at 2:25 AM , from the causes and on the date stated above.		22b. DATE SIGNED 2-18-66									
22a. SIGNATURE GEO. M. DUNN		22b. DATE SIGNED 2-18-66									
22c. PHYSICIAN'S NAME (Type) GEO. M. DUNN, M.D.		22d. ADDRESS PRINCESS ANNE, MD.									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 1/19/66		23c. NAME OF CEMETERY OR CREMATORIAL Mt Carmel			23d. LOCATION (City, town or county) (State) Princess Anne, Maryland				
24. FUNERAL DIRECTOR William H. James Jr.		ADDRESS Princess Anne, Maryland		25a. REC'D BY REGISTRAR FEB 21 1966			25b. REGISTRAR'S SIGNATURE Charles Judge				
VR A15 (4) 15M 4-64											

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02849

CERTIFICATE OF DEATH

02822

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b 24 days	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) McCready Memorial Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First William	Middle .	Last Green
4. DATE OF DEATH Month Feb. Day 5 Year 1966	5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH Dec. 8, 1909	9. AGE (In years last birthday) 56 yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plating	10b. KIND OF BUSINESS OR INDUSTRY Cutlery
11. BIRTHPLACE (County & State, or foreign country) Somerset Co., Md.	12. CITIZEN OF WHAT COUNTRY? U.S.	13. FATHER'S NAME Fletcher Green	
14. MOTHER'S MAIDEN NAME Beulah Watson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Lucille Green: Crisfield, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Colon DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)			
INTERVAL BETWEEN ONSET AND DEATH 2 yrs.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Asbury
20f. (City or town) (County) (State)			
21. I certify that (I) (this hospital) attended the deceased from 1/7 , 19 66 to 2/5 , 19 66 , that (I) (we) last saw the deceased alive on Feb. 5, 1966 , and that death occurred at 8:30M , from the causes and on the date stated above.			
22a. SIGNATURE R. E. Roberts		22b. DATE SIGNED	
22c. PHYSICIAN'S NAME (Type) R. E. Roberts, M.D.		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22d. ADDRESS Crisfield, Maryland
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 2/8/1966	23c. NAME OF CEMETERY OR CREMATORIUM Asbury
23d. LOCATION (City, town or county) Crisfield, Md.		(State)	
24. FUNERAL DIRECTOR James Neuman		ADDRESS Crisfield, Md.	25a. REC'D BY REGISTRAR DATE FEB 14 1966
		25b. REGISTRAR'S SIGNATURE Charles Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND												
02850						02823						
CERTIFICATE OF DEATH												
1. PLACE OF DEATH a. COUNTY Somerset MARYLAND						2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Virginia b. COUNTY Accomack						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield			c. LENGTH OF STAY IN 1b 2 Days			c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Tangier			d. STREET ADDRESS ---			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) McCready Memorial Hospital						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) Robert L. Haynie			First	Middle	Last	4. DATE OF DEATH Feb. 14, 1966	Month	Day	Year			
5. SEX Male		6. COLOR OR RACE White	7. MARRIED NEVER MARRIED	WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 9, 1903	9. AGE (in years last birthday) 62 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman				10b. KIND OF BUSINESS OR INDUSTRY Crab & Oyster				11. BIRTHPLACE (County & State, or foreign country) Tangier, Virginia				12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Robert W. Haynie						14. MOTHER'S MAIDEN NAME Maggie Lee Sparrow						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No			16. SOCIAL SECURITY NO.			17. INFORMANT			Address			
						Mrs. Emma P. Haynie, Same as 2. abc						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage - INTERVAL BETWEEN ONSET AND DEATH 2 days - 260X Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Gon'l arterio sclerosis years (c) Diabetes mellitus years.												
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetic acidosis												
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			20f. (City or town) (County) (State)			
21. I certify that (I) (this hospital) attended the deceased from 12-12, 1966 , to 12-14, 1966 , that (I) (we) last saw the deceased alive on 12/14/66 19, and that death occurred at 3A M , from the causes and on the date stated above.			22b. DATE SIGNED 2/14/66									
22a. SIGNATURE <i>Dr. C. G. Rawley.</i>			M.D. ATTENDING PHYS. <input checked="" type="checkbox"/>			MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>						
22c. PHYSICIAN'S NAME (Type) Dr. C. G. Rawley, M.D.			22d. ADDRESS Crisfield, Maryland									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE THEREOF Feb. 17, 1966			23c. NAME OF CEMETERY OR CREMATORIUM Swain Memorial Cemetery			23d. LOCATION (City, town or county) (State) Tangier, Virginia			
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Maryland			25a. REC'D BY REGISTRAR DATE FEB 18 1966 25b. REGISTRAR'S SIGNATURE <i>Charles J. Judge</i>									

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02851

CERTIFICATE OF DEATH

Reg. Dist. No.

02824

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained in the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		MARYLAND		b. COUNTY		SOMERSET		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HOPEWELL		c. LENGTH OF STAY IN 1b 3 months		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DEAL ISLAND		d. STREET ADDRESS MAIN ROAD.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19-1		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Johnson Nursing Home				d. STREET ADDRESS MAIN ROAD.								
3. NAME OF DECEASED (Type or print)		First SADIE	Middle 	Last JONES	4. DATE OF DEATH FEB 13	Month Feb	Day 13	Year 1966				
5. SEX F		6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH Oct 31-1900		9. AGE (In years last birthday) 65 yrs.		IF UNDER 1 YEAR Months 		IF UNDER 24 HRS. Days 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Seafood worker		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.						
13. FATHER'S NAME WILLIE J.		14. MOTHER'S MAIDEN NAME JONES BLANCHE HUGHES										
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT SAMUEL JONES MARION STATION-MD.		Address Box 66						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) DUE TO (c)		Cerebral hemorrhage Gent arterio-sclerosis				INTERVAL BETWEEN ONSET AND DEATH 3 days - 4 yrs -						
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour o. p.m.		Month 19	Day 	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Crisfield, Md.	(County) 	(State) Md.				
21. I certify that I attended the deceased from		Nov. 2, 1965, to Feb. 13, 1966		that I last saw the deceased alive on		Feb. 13, 1966		and that death occurred at 10:30 A.M.		ADDRESS (Street, city or town, state) Crisfield, Md.		DATE SIGNED 2/15/66
ACTUAL SIGNATURE C. G. Rawley												
PHYSICIAN'S NAME (Type) C. G. Rawley, M. D.												
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2-16-66		22c. NAME OF CEMETERY OR CREMATORIUM JOHN WESLEY CEMETERY		22d. LOCATION (City, town, or county) Deal Island		(State) Md.				
23. FUNERAL DIRECTOR'S SIGNATURE L. G. Webster		ADDRESS Princess Anne				24a. REC'D BY REGISTRAR FEB 21 1966		24b. REGISTRAR'S SIGNATURE Charles Judge				

WISCONSIN STATE GOVERNMENT - DIVISION 18

CERTIFICATE OF DEATH

John W. Johnson
200 Main Street, Wausau

John W. Johnson

John W. Johnson
200 Main Street, Wausau

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02852

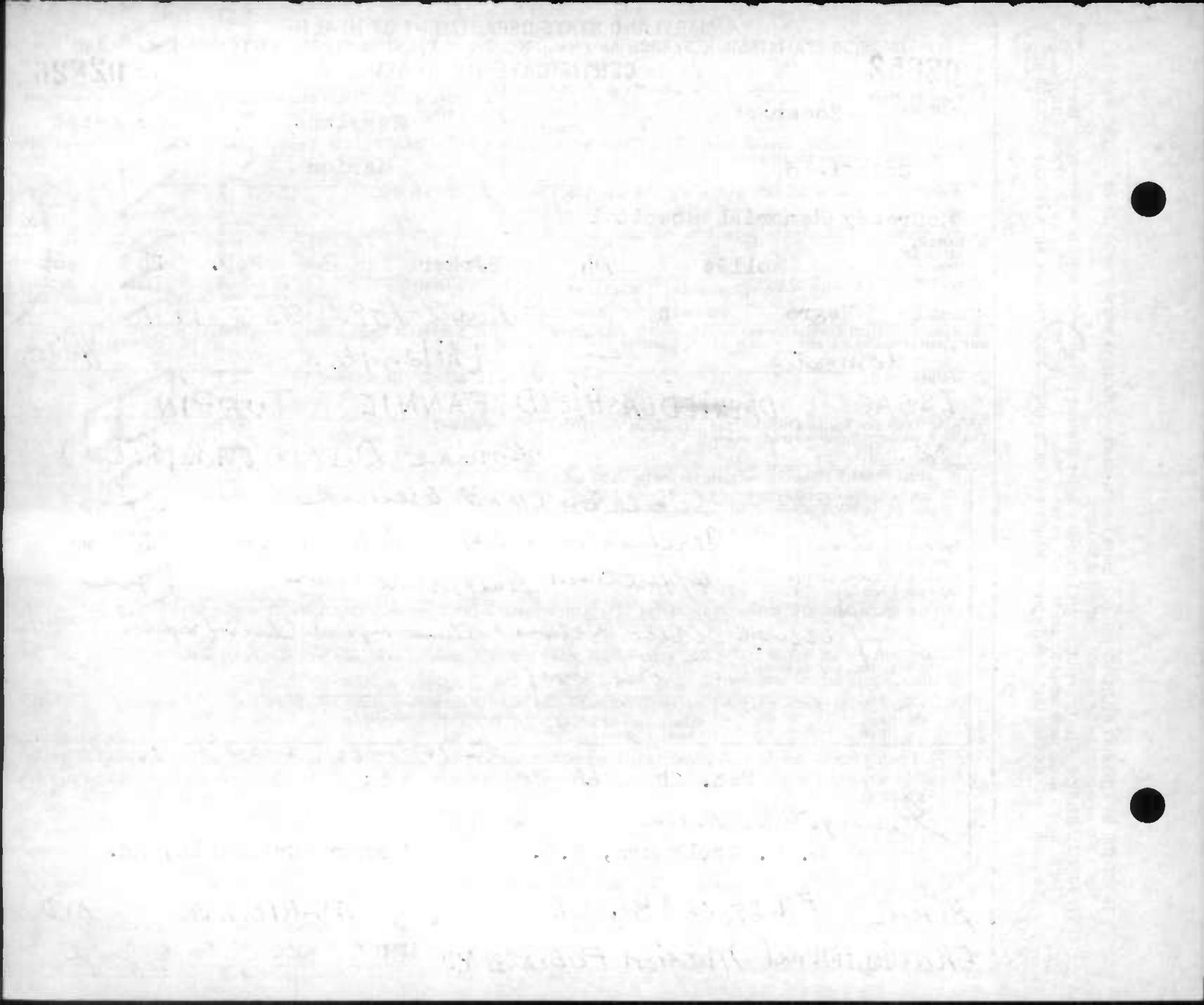
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

Item 9 Film 0374 3/9/66 m

02826

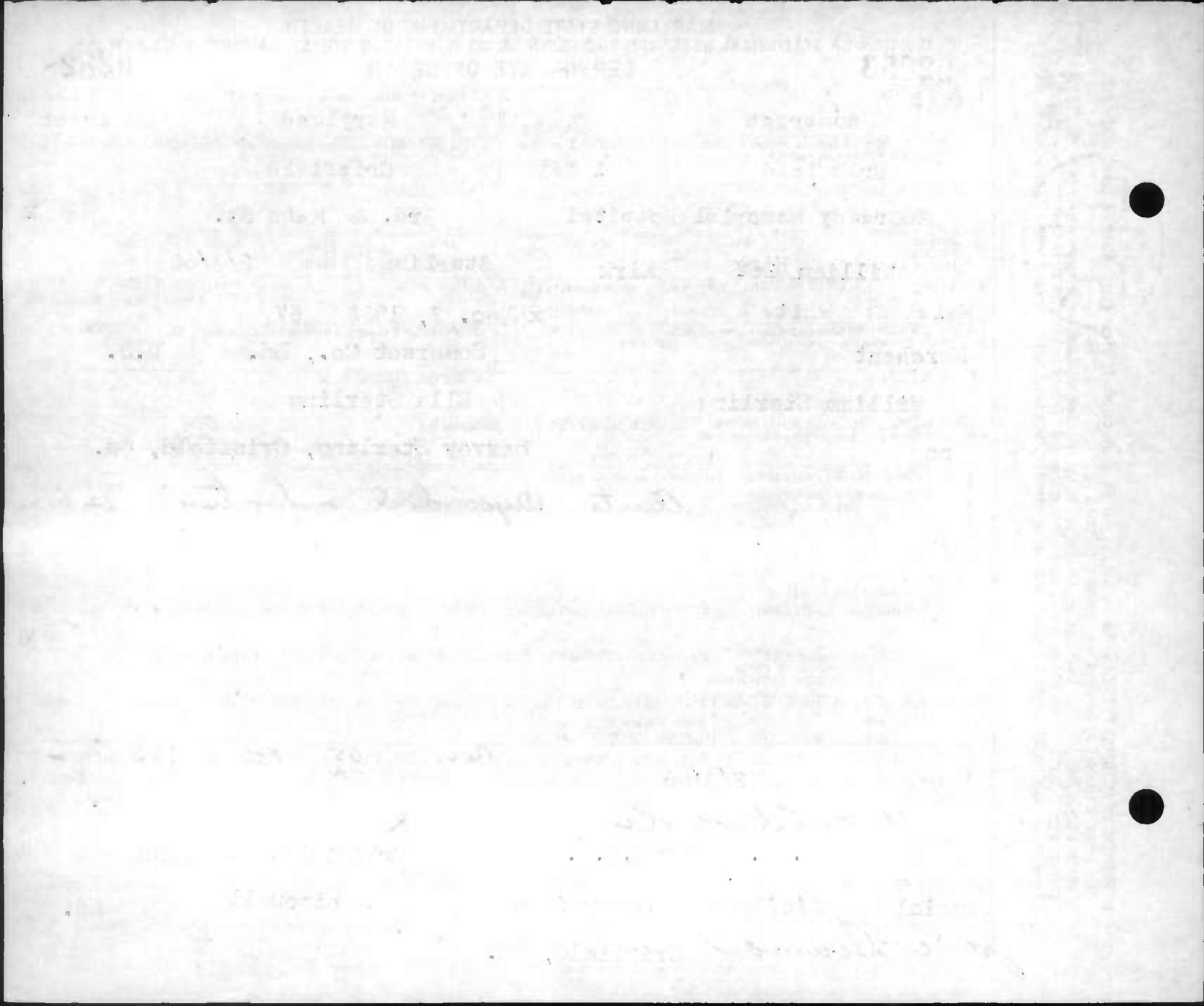
1. PLACE OF DEATH a. COUNTY Somerset		2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE Maryland						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) McCready Memorial Hospital		d. STREET ADDRESS 171						
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print)	First Mollie	Middle M.	Last Parker					
4. DATE OF DEATH Feb. 24 1966	Month Day Year							
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 2-1898					
9. AGE (In years last birthday) 111 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic	11. BIRTHPLACE (County & State, or foreign country) Phila., Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME ISSAC DASHIELLASHIELD	14. MOTHER'S MAIDEN NAME FANNIE TURPIN	Address Louise Dixon Phila., Pa.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. 331X	17. INFORMANT Louise Dixon	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Disease Heart Disease DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Cerebral Hemorrhage R Hemorrhage DUE TO 171st Regt. Cardiac Disease (c) 171st Regt. Cardiac Disease					
INTERVAL BETWEEN ONSET AND DEATH 6 days								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) General Arterio Sclerosis. Arterio nephritis. Chronic nephritis.								
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) No Injury	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) No Injury	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Branch	20f. (City or town) Marion	(County) So.	(State) MD
21. I certify that (I) (this hospital) attended the deceased from Feb. 24 1966 , to Feb. 24 1966 , that (I) (we) last saw the deceased alive on Feb. 24 1966 , and that death occurred at 4:30 P.M. from the causes and on the date stated above.	22a. SIGNATURE Henry Coulbourn	22b. DATE SIGNED Mar. 3 1966						
22c. PHYSICIAN'S NAME (Type) G. C. Coulbourn, M.D.	22d. ADDRESS McCready Crisfield, Md.							
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE THEREOF Feb 27-66	23c. NAME OF CEMETERY OR CREMATORIAL Branch	23d. LOCATION (City, town or county) MARION, So.	(State) MD				
24. FUNERAL DIRECTOR Charles H. Ward Marion PO Box 235 MD	25a. REC'D BY REGISTRAR DATE MAR 3 1966	25b. REGISTRAR'S SIGNATURE Charles Judge						



To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND																				
CERTIFICATE OF DEATH						02853 02828														
1. PLACE OF DEATH a. COUNTY Somerset MARYLAND						2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset														
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield			c. LENGTH OF STAY IN MD 1 Day			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 19-1														
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) McCready Memorial Hospital						d. STREET ADDRESS 35d. & Main St.														
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						3. NAME OF DECEASED (Type or print) William Kirk			First Kirk	Middle Sterling	Last Sterling	4. DATE OF DEATH 2/3/66	Month Feb	Day 19	Year 1966					
5. SEX Male			6. COLOR OR RACE White			7. MARRIED WIDOWED			NEVER MARRIED <input type="checkbox"/>	DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 7, 1898	9. AGE (In years last birthday) 67 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (County & State, or foreign country) Somerset Co., Md.						12. CITIZEN OF WHAT COUNTRY? U.S.A.								
13. FATHER'S NAME William Sterling						14. MOTHER'S MAIDEN NAME Ella Sterling						Address Harvey Sterling, Crisfield, Md.								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.			17. INFORMANT			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 12 hrs.											
4201 Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) (c)			DUE TO cause (a), stating the underlying cause last. (b) (c)																	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.)																	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			20f. (City or town) (County) (State)											
21. I certify that (I) (this hospital) attended the deceased from Nov. 1965 to Feb 3, 1966 , that (I) (we) last saw the deceased alive on 2/3/66 19_____, and that death occurred at Crisfield, Md. from the causes and on the date stated above.																				
22a. SIGNATURE A. G. Edwards						22b. DATE SIGNED 2/3/66														
22c. PHYSICIAN'S NAME (Type) A. G. Edwards, M.D.			M.D. ATTENDING PHYS. <input checked="" type="checkbox"/>			MED. DIRECTOR <input type="checkbox"/>			STAFF PHYS. <input type="checkbox"/>											
22d. ADDRESS Crisfield, Maryland						23a. BURIAL, CREMATION, REMOVAL (Specify) Burial						23b. DATE THEREOF 2/5/1966			23c. NAME OF CEMETERY OR CREMATORIUM Sunnyridge			23d. LOCATION (City, town or county) Hopewell (State) Md.		
24. FUNERAL DIRECTOR James Neuman						ADDRESS Crisfield, Md.			25a. REC'D BY REGISTRAR FEB 8 1966			25b. REGISTRAR'S SIGNATURE Charles Judge								
VR A15 (4) 20M 1/65						DATE														



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02854

02829

CERTIFICATE OF DEATH

Item 9 Film 6374 3/7/66

1. PLACE OF DEATH

a. COUNTY

Somerset

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Princess Anne

c. LENGTH OF STAY IN 1b

Life Time

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

000

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

a. STATE

Maryland

b. COUNTY

Somerset

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Princess Anne

19-1

d. STREET ADDRESS

e. IS RESIDENCE ON A FARM?

YES NO 3. NAME OF DECEASED
(Type or print)First
Robert

Middle

Last
Taylor4. DATE
OF
DEATH
2Month
25Day
Year
1966

5. SEX

Male

6. COLOR OR RACE

Colored

7. MARRIED NEVER MARRIED

8. DATE OF BIRTH

28/5/1885

9. AGE (In years
last birthday)

85 81 yrs.

10. UNDER 1 YEAR

Months
Days

11. UNDER 24 HRS.

Hours
Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (County & State, or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Lloyd Taylor

14. MOTHER'S MAIDEN NAME

Elizabeth Morrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Bessie Hutt. Princess Anne, Maryland

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

5020

DUE TO

Conditions, If any, which
gave rise to immediate
cause (a), stating the
underlying cause last.

(b)

DUE TO

(c)

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

3 days

Cardio Vascular Disease & Hypertension 6 yrs

Chronic Bronchitis & emphysema 10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

None

19. WAS AUTOPSY
PERFORMED?YES NO

MEDICAL CERTIFICATION

20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY Month, Day, Year
Hour a.m.
p.m. 1920d. INJURY OCCURRED
While at work Not While at work 20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that (I) (this hospital) attended the deceased from May 19, 1965 to Feb 19, 1966, that (I) (we) last

saw the deceased alive on Feb 24 1966, and that death occurred at 11:30 M, from the causes and on the date stated above.

22a. SIGNATURE

B. Frank Giganti

22b. DATE SIGNED

2/28/66

22c. PHYSICIAN'S NAME (Type)

B. FRANK GIGANTI

M.D. ATTENDING
PHYS.MED. DIRECTOR STAFF PHYS

22d. ADDRESS

20 Prince William St, Princeton Ave

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE THEREOF

3/1/66

23c. NAME OF CEMETERY OR CREMATORIAL

John Wesley

23d. LOCATION (City, town or county) (State)

Princess Anne, Maryland

24. FUNERAL DIRECTOR

ADDRESS

William H. James Jr. Princess Anne, Md

25a. REC'D BY REGISTRAR

MAR 3 1966

25b. REGISTRAR'S SIGNATURE

Charles Judge

5280

decrease in height

from 2000 ft. to 1000 ft.

and constant until 1000 ft.

then gradually increasing

to 2000 ft. at 1000 ft.

then gradually decreasing

to 1000 ft. at 2000 ft.

then gradually increasing

to 2000 ft. at 2000 ft.

then gradually decreasing

to 1000 ft. at 2000 ft.

then gradually increasing

to 2000 ft. at 2000 ft.

then gradually decreasing

to 1000 ft. at 2000 ft.

then gradually increasing

to 2000 ft. at 2000 ft.

then gradually decreasing

to 1000 ft. at 2000 ft.

then gradually increasing

to 2000 ft. at 2000 ft.

then gradually decreasing

to 1000 ft. at 2000 ft.

then gradually increasing

to 2000 ft. at 2000 ft.

then gradually decreasing

to 1000 ft. at 2000 ft.

then gradually increasing

to 2000 ft. at 2000 ft.

then gradually decreasing

to 1000 ft. at 2000 ft.

then gradually increasing

to 2000 ft. at 2000 ft.

then gradually decreasing

to 1000 ft. at 2000 ft.

then gradually increasing

to 2000 ft. at 2000 ft.

1
FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 1b. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02855

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02830

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE	
Somerset MARYLAND		Maryland b. COUNTY	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b	
Crisfield		Adult life	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18 Potomac St.		19-1	
3. NAME OF DECEASED (Type or print)		First	Middle
JOHN		WILTON	WHITNEY
4. DATE OF DEATH		Month	Dey Year
February		16,	1966
5. SEX		6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>
Male		White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH		9. AGE (In years last birthday) yrs.	IF UNDER 1 YEAR Months
Dec. 24, 1897		68 yrs.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Retail Dealer		Seafood	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Rhodes Point, Maryland		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John W. Whitney		Annie Charnick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give rank or dates of service)		16. SOCIAL SECURITY NO.	
Yes WW 1		17. INFORMANT	
		Mrs. Cathryn Whitney, Same as 2. abcd	
Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH Minutes	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Coronary occlusion	
4201 DUE TO			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } (b)		Generalized arteriosclerosis	
} DUE TO			
} (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
ACTUAL SIGNATURE <i>C. G. Rawley</i>		M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) C. G. Rawley, M. D.		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
Address (Street, city, town, or county)		DATE SIGNED 2/19/66	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 19, 1966	
22c. NAME OF CEMETERY OR CREMATOR Y American Legion Cemetery		22d. LOCATION (City, town, or county) Crisfield, Maryland	
23. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Maryland		ADDRESS	
24a. REC'D BY REGISTRAR FEB 21 1966		24b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	
VR A15ME 5M 1/63			

